PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09770379

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		28				1	RATE	FEE]	RATE	FEE	1	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			98 minus 20=		. 8			X\$ 9=		OR	X\$18=	14%	-
INDEPENDENT CLAIMS			_3 minus 3 =		. 0			X40=		1	X80=	- 3	_
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	_						OR		- L	-
• If	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2		+135=		OR		4 6	ħ
										OR	TOTAL	854	F
5-35-0 (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUŞLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- (TIONAL FEE	D
AMENDMENT A	Total	. 25	Minus	[<u>8</u>	= >		X\$ 9=		OR	X\$18=	À	D
	Independent	NTATION OF M	Minus	*** C	CLAIM	1=-		X40=		OR	X80=		K
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+270=		
							Ļ	TOTAL			TOTAL		
1	J-23-0	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	P
	Total	. 19	Minus	**	28 <u> </u>	= .	$ \cdot $	X\$ 9=		OR	X\$18=		2
AME	Independent	. 4	Minus		<u> </u>	=		X40=		OR	-X80=-	200	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405			070	U,- U	
							L	+135= TOTAL		OR	+270=		
							A	DDIT. FEE		OR	TOTAL ADDIT, FEE	000	
_		(Column 1) CLAIMS		(Colur		(Column 3)				_			
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE:		RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	**		=	lΓ	X\$ 9=	į	OR	X\$18=		
	Independent	•	Minus	***		=	lt	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.002		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT, FEE		
		mber Previously Pai liber Previously Pai					r four	nd in the app	ropriate box				